PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/518,500			ing Date 20/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A		N/A	TLE (0)	i	N/A	TLE (0)	
┢	SEARCH FEF	or (c))	N/A		N/A		21/4		ł			
౼	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A		ł	N/A		
TO	(37 CFR 1.16(a), (p),				N/A		N/A x s =		OR	N/A x s =		
INE	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ł	x \$ =		OR	x s =		
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	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	sheets of paper, the application si is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFF									
	MULTIPLE DEPEN	7 CFR 1.16(j))]			1						
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	09/12/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 20	Minus	·· 20	= 0	1	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	3	= 0	1	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))								T		i	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus			1	x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***]	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 10° in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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